

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

60 532031

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
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14						
15						
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18						
19						
20						
21	1					
22		1				
23	1					
24						
25						
26						
27						
28						
29	1					
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32						
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38						
39						
40						
41						
42						
43						
44						
45						
46	1					
47		1				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.	51					
TOTAL CLAIMS	61					